Interview: Sanjiv Navangul – Managing Director, Janssen India



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A passionate advocate for Indian patients, Sanjiv Navangul, managing director of Janssen India, discusses the company's public health work in the field of tuberculosis (TB) and multi-drug resistant TB (MDR-TB) in support of the Government of India's efforts to end TB, including providing access to novel drug bedaquiline, initiating a research partnership with the Council of Scientific and Industrial Research (CSIR) and forging multiple partnerships with NGOs and State governments. He also explains how Janssen ensures it remains patient-centric and offers views on the importance of patient-centricity.

Mr. Navangul, you have been managing Janssen India for four years and four months. The company can be defined as a transformational medical innovator – as such what is the role of Janssen in India?

I believe that it is very important not to differentiate between the roles of companies in different countries, which is especially true when it comes to the role of Janssen. What changes is the disease distribution in countries. The applicability of Janssen as a transformational medical innovator is the same in India as in the US and elsewhere.

The difference is that some sections of our business become more important because of the diseases and conditions prevalent in our country. When it comes to the role of Janssen India, firstly, big pharmaceutical companies should be interested in the health of the Indian population as we are

18 percent of the global population and nearly 20 percent of the global disease burden – it is an ethical responsibility for Janssen to be in India.

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Secondly, Janssen has been in India since 1957 and we have ensured over the years that our local portfolio matches our global one. By bringing Janssen's transformational medical innovation to India we have aimed to create early access. In India, we have introduced nine innovative medicines in various therapeutic areas in the last five years, reflecting our dedication and commitment to extend our medicines to patients in India.

Together, these innovations provide treatment options for a multitude of serious unmet medical needs in India, including cancer, tuberculosis, mental health, diabetes and arthritis. Our portfolio of medicines already available in India span diseases of the central nervous system such as schizophrenia and ADHD, oncology, immunology, diabetes, pain management and tuberculosis. Regarding the latter, in India we have 24 percent of the global disease burden, so I am sure you would agree that our presence in this area is critical.

If you take other segments of our business, like haematology, India was among the first countries in Asia Pacific to launch a breakthrough drug for multiple myeloma this year. What we are trying to do is match our company's strengths with the disease burden in the country so that we remain relevant in this country.

The company has been one of the early embracers of patient-centricity and has well incorporated this into its operations globally. For a country like India, a single definition of patient-centricity can be fairly challenging to articulate. As a managing director of this affiliate, how does India conceive the concept of patient-centricity?

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We are here in this business because there are patients waiting to be treated. Patients are at the center of everything we do, and the foundation of this here in India is ensuring early access to our innovative medicines. Once we have established access, we look to see how we can support patients, doctors and health systems to track and improve outcomes.

Simply providing medicines to patients, especially in a country with limited resources like India, does not solve the problem. We take an integrated disease management approach to supporting patients, which includes partnering on campaigns aimed at driving disease awareness and treatment adherence, undertaking medical innovation and R&D, and empowering a new generation

of healthcare workers through training on clinical management of diseases.

For instance, we have a medicine that is approved to treat migraine, a debilitating condition that is often poorly understood and misdiagnosed. Indeed, the number of people who visit a doctor for a migraine is incredibly low – often because patients do not differentiate a migraine from a simple headache.

To address this issue, we undertake many campaigns, one of these being ‘Me Without Migraine’ which we run on social media as well as through other routes. It has a fully-fledged website, with a doctor locator attached, where people can receive information on migraines, take migraine tests and learn from experts.

In chronic lymphocytic leukemia (CLL), we support access to tests that enable a physician to assess the prognosis and select the best type of treatment to meet an individual patient’s needs. When it comes to pain treatment, we are working with the medical fraternity to support the emerging specialism of pain management in India. Up until now, pain specialists have not existed in this country and we are now working with partners, including the Indian Society for the Study of Pain to devise definitions and training programs for doctors with a special interest.

How do you transform this into a coherent engagement strategy with all stakeholders?

Besides doctors and patients, our own employees are also incredibly important. Any employee needs a purpose to be engaged and to work well within an organization. At Janssen and as part of the Johnson & Johnson family of companies we have a clear focus on working tirelessly to save and improve patients’ lives. At the heart of the strategy is Our Credo, which outlines our purpose as a business. It helps keep our organization focused, recognizing that if patients’ benefit, so will our business.

Beyond healthcare professionals, we are also constantly talking with regulators, because we know that if they understand and recognize the value of our medicines, then the benefit to patients can be significant; and this is particularly true in terms of early access.

You signed a one of its kind Public-Private Partnership (PPP) with the Council of Scientific and Industrial Research to accelerate the discovery of treatments to tackle multi drug-resistant TB over the next five years. Why has the government chosen Janssen?

This is a good example of how stakeholders can come together to better control diseases in this country.

Janssen recognizes the importance of national ownership of the fight against MDR-TB and has been working with the Revised National Tuberculosis Control Program (**RNTCP) and the Government of India to support their efforts to ensure access to bedaquiline for patients in India. In 2016, Janssen** committed to provide 600 courses of bedaquiline free-of-charge to RNTCP for use as part of a conditional access program.

The next step was to help support the government's plan to expand the CAP from six to 156 DR TB centres. At the same time, we realized that the tremendous work that Janssen has done globally in the field of HIV could be applied to MDR-TB in India by looking at the challenge from multiple angles.

Janssen recognized that to truly make an impact in global efforts to combat TB that it needed to come to a country where the disease burden is very high – that is why India became an important country as part of our global response.

In addition to our support for the CAP for bedaquiline managed by the RNTCP, Janssen India has entered numerous partnerships with national research institutions, local governments and NGOs as part of a comprehensive effort to help strengthen the national TB response.

This includes a major new partnership with the Institute of Microbial Technology (IMTECH), part of the Council for Scientific and Industrial Research (CSIR), to unlock the potential of Indian science and help accelerate the discovery of innovative new treatments for TB. Additional partnerships, include agreements with local government and NGOs in cities such as Mumbai, Hyderabad, Patna and Nagpur to increase awareness and diagnosis of TB, and to provide nutritional support to patients.

In addition to this and upon request of the Prime Minister, the government of India attracted a distinguished Belgium-based Indian scientist from Johnson & Johnson to direct the Institute of Microbial Technology (IMTECH), a laboratory of the Council of Scientific and Industrial Research (CSIR). This is the first time that any national scientific institute in the country has been able to attract truly global scientific talent for such a senior post. He understands TB very well. While the study of biology is outstanding in India, what is lacking is translational science. If we can close this gap it would be ground-breaking, and would be beneficial for drug discovery in India.

What role can clinical trials in the field of TB in India have in enriching global knowledge of the disease?

Clinical trials in TB in India will be crucial in combatting this disease here in the country, but also globally.

As a company and a research community, we have already established targets and we are currently looking at different pathways for clinical trials here. Our hope is to go into Phase I clinical trials by the end of 2019, or early 2020.

These drugs are being discovered and developed not only for India but also for the world. It would be transformational for India's clinical trials scene as, for the time being, we only conduct phase III and IV trials.

With the partnership with CSIR-IMTECH, we are working towards exploring potentially more effective, safer, all-oral treatment regimens to tackle MDR-TB, as well as new molecular entities to treat all TB patients.

We are in the position where we have the best science, with one of the world's best scientists having a platform to showcase what he knows about the therapeutic area and Janssen's global expertise coming to work on the discovery and development of new treatments right here in India. This has the potential to be truly transformational in the country.

Apart from TB, what other areas do you believe Janssen should be focusing on in India and to be a key player in the local health ecosystem?

Developing and ensuring access to new medicines in areas where there are real unmet medical needs in India is critical for patients but also our future success – and we are prioritizing our efforts around oncology, infectious diseases, mental health, diabetes and immunology. With our recent global acquisition of Actelion, we are also focused on pulmonary arterial hypertension, which is a growing problem in India.

The burden of these diseases is very high in our country and we are hoping to work with various stakeholders including the government to introduce innovative new medicines, as well as support efforts to better manage and prevent these diseases.

Health and wellness is also incredibly important to us, and is something we focus on with our own employees. This work is closely aligned to the government's efforts to improve the health and wellness of the Indian population, for instance, through the government's recent announcement of compulsory maternity leave of 24 weeks, something Janssen adopted six years ago. We acknowledge and encourage the equal role that both parents increasingly want to play while welcoming a new life. Therefore, we offer paternity leave for a duration of eight weeks to new and

adoptive fathers, which is a leading policy in the industry.

There is a lot of criticism when it comes to the current healthcare system. In your view, do companies like Janssen, with such global experience, have a mission to express their views on possible improvements and outcomes? If so, what are your suggestions?

Even the best healthcare systems in the world have challenges.

Given that we are a country with limited resources, it is critically important that we focus our energy on building partnerships that leverage our expertise and address critical unmet needs.

It is a concerted effort with the patient in mind. Our role is to identify the gaps and to then find solutions to fill them. That is why we work very closely with the government.

We have ongoing partnerships with central and local governments in areas of TB, diabetes, maternal and child health, HIV and we are also very involved in a neonatal resuscitation program.

We cannot do everything, we try to pick those therapeutic areas where we have strong expertise and can make a real impact on society. You build a better healthcare system by doing these things, rather than criticizing it.

As managing director of Janssen, how do you advocate for the local affiliate to the HQ in the US, given the intense competition there is for the allocation of resources?

Disease does not discriminate, and investments should be made based on the needs of people. If we carry a higher disease burden compared to the rest of the world, it is an ethical and moral responsibility for Janssen to be in India. If you are a global leader and there is an opportunity to strengthen the healthcare system, I do not see why a company like Janssen would not want to be there.

As a final message, what is the image of India you would like to convey to our internal readers?

India’s time has come, and this century will see a lot of India. Either you choose to participate in this thriving growth and make an impact on patients’ lives or you pass up this opportunity.

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